

SSVF Priority 1 Community Plan

Date Completed/Revised:

| | | | | | | | | | |
|-------|---|---|-----|---|---|------|---|---|---|
| 0 | 2 | / | 1 | 3 | / | 2 | 0 | 1 | 5 |
| Month | | | Day | | | Year | | | |

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|----------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------|
| Continuum of Care (CoC) Name: Fresno Madera Continuum of Care | | CoC #: CA-514 |
| CoC Representative: Jody Ketcheside | | Title: Chair of FMCoC |
| Phone/Email: 559-233-2663 ext. 7310 jketcheside@tpocc.org | | |
| Person Completing this Plan: Shawn Jenkins | | Title: Vice Chair of FMCoC/ WestCare California Inc. |
| Phone/Email: 559-251-4800 ext. 20902 shawn.jenkins@westcae.com | | |

1. Primary Planning and Coordination Group: Identify the primary group responsible for planning and coordinating efforts to prevent and end homelessness among Veterans in the CoC. Identify the principal members of this group and their affiliation.

| Primary Group Name: FMCoC Executive Committee | |
|------------------------------------------------------|-------------------------------------|
| Principle Members | Affiliation |
| Jody Ketcheside | Turning Point Central California |
| Doreen Eley | Fresno Housing Authority |
| Elizabeth Wisener | Community Action Partnership Madera |
| Andrew Haussler | City of Clovis |
| Jennifer Clark | City of Fresno |
| Shawn Jenkins | WestCare |
| Laura Moreno | County of Fresno |
| Jose Aguilar | Veterans Administration |
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| | |

2. Ongoing Review and Coordination: Briefly describe how often (e.g., monthly) the above group or a related review/coordination group meets to review Veterans who are homeless, track progress toward re-housing, and coordinate efforts. Include a summary of what information is reviewed during these meetings.

The FMCoC meets on a monthly basis to review the Priority 1 progress and outcomes. Following each regularly scheduled meeting a sub-committee designed to address eradicating homelessness among veterans and consists of community partners and SJVV who are working together to fill homeless veteran's needs. In addition to the above SJVV is an integral part of the 25 Cities campaign in which the Veterans Outreach Specialist attends weekly meetings to review progress and placements of homeless individuals surveyed with the VI-SPDAT to ensure that each individual is on track or linked to additional services as needed. During these meetings case managers from a variety of programs review outreach efforts, document readiness, and housing placements. Also through the 25 Cities initiative 157 self-identified veterans were referred for services this number will continue to increase as we continue to collaborate with this initiative.

3. SSVF Grantees Serving CoC Geography: Identify each SSVF funded agency serving Veterans in the CoC geography and each SSVF total grant award amount for FY15, including priority 1 ("surge"), 2 (renewals), and 3 (other new) awards.

If one agency has multiple awards, list each separately. Pro-rate a grant award amount if the award covers more than one CoC geographic area. Include the projected annual number of households each grantee can serve and the total number of households across all grantees.

| Grantee Agency Name | Grant Amount | Total Annual Projected Households | Total Annual Projected Households: Rapid Re-Housing | % of Total Households to be Assisted with Rapid Re-Housing |
|---------------------|---------------------|-----------------------------------|-----------------------------------------------------|------------------------------------------------------------|
| SSVF Priority 2 | \$2,000,000.00 | 240 | 144 | 60 percent |
| SSVF Priority 1 | \$6,000,000.00 | 325 | 260 | 80 percent |
| TOTAL | 8,000,000.00 | 565 | 404 | |

4. Annual Demand and Need for Rapid Re-Housing Assistance: Using the *Veterans Demand Analysis and Progress Tracking Tool* or other demand analysis data agreed to by the primary group above, identify:

- The most recent actual or projected annual unduplicated number of homeless Veterans (on street and/or who access emergency shelter, Safe Havens, or transitional housing, including GPD) in the CoC geography, by household type
- The number of those Veterans who will need rapid re-housing assistance to exit homelessness
- The number of Veterans needing rapid re-housing assistance who are projected to be eligible for SSVF RRH assistance.

| | Annual Unduplicated Homeless Veteran Households | Estimated # of Needing RRH (a) | Projected # to be Assisted with SSVF RRH (b) | Projected # to be Assisted with Other RRH (c) | Gap (a-(b+c)) |
|------------------------------------------|-------------------------------------------------|--------------------------------|----------------------------------------------|-----------------------------------------------|---------------|
| Households without Children | 609 | 353 | 252 | 43 | 58 |
| Households with Children | 14 | 11 | 8 | 0 | 3 |
| Total Homeless Veteran Households | 623 | 364 | 260 | 43 | 61 |

5. CoC Goals for Ending Homelessness Among Veterans: List the CoC's goals for ending Veteran homelessness by the end of 2015 (fill in additional related goals the CoC has determined, if relevant). (See answers on #5)

What are the CoC's goals for the estimated number of Veterans, including chronically homeless Veterans, who will be homeless as of the night of the January 2016 PIT Count? **The FMCoC completed 2015 PIT in January and will adjust goals based on new numbers during the March Strategic Planning meeting.**

| | All Homeless Veteran Households (including CH) | | | Chronically Homeless Veteran Households | | |
|-----------------------------|------------------------------------------------|-------------|------------|-----------------------------------------|-------------|----------|
| | Sheltered | Unsheltered | TOTAL | Sheltered | Unsheltered | TOTAL |
| Households without Children | 70 | 50 | 120 | 4 | 3 | 7 |
| Households with Children | 5 | 0 | 11 | 0 | 0 | 0 |
| Total Households | 75 | 50 | 131 | 4 | 3 | 7 |

Has the CoC established other goals related to preventing and ending homelessness among Veterans by the end of 2015? ☒ Yes ☐ No

If “Yes”, please describe:

Fresno Madera Continuum of Care and San Joaquin Valley Veterans are part of the 25 Cities Campaign to End Homelessness, the Mayors Campaign and 100,000 Homes Program. Fresno’s involvement in these initiatives all designed to eradicate homeless. This collaboration of all programs and providers has contributed to national recognition of Fresno’s improvement in the rate of housing homeless Veterans and the Chronically Homeless. The emphasis of the work, in addition to ending Chronic and Veteran homelessness by 2016 is to implement a coordinated access system through a centralized intake approach. The following goals have been developed to continue the work outlined above.

1. Outreach and VI SPDAT assessments completed a minimum of 1-2 times per week. 469 veterans will be assessed FY 2014-2015.
2. 100 of the most vulnerable will be document ready in 100 days and linked to housing providers every quarter.
3. Each quarter 90 highly vulnerable individuals will be matched to permanent supported housing through the Coordinated Assessment and Housing Match (CAHM) system using Performance Measurement and Communications Platform (PMCP)
4. We will identify and secure 60 bridge housing units (beds) through the CAHM system in 100 days
4. We will maintain 60 bridge housing units (beds) through the CAHM system in each quarter in collaboration with the faith based community.
5. FMCoC will maintain service commitments from community partners for 30 bridge clients and 30 housed clients NOT yet attached to services.
6. FMCoC has procured a modular unit paid for by the Fresno Housing Authority to be located onsite of The Poverello House homeless enclave. The modular unit will be used as a coordinated entry system where we will survey, score, and refer individuals to services based on need and begin navigating individuals through procuring documentation necessary to obtain housing. The unit will be staffed by a Community Coordinator, an Outreach Specialist, Housing Locator and Community Matcher all funded through Emergency Solutions Grant (ESG.) In addition rotating schedules of FMCoC organizational staff will be on site to provide services such as brief intervention, screening, assessment, referral, and treatment.
7. Create a tracking system to answer the question, “Veterans are not eligible for services under SSVF, where do they go?”
8. Following the PIT survey January 27 to 29, 2015 a map will be created to plot the location of all homeless veterans in the Continuum to facilitate outreach and engagement.

6. SSVF Integration into CoC Coordinated Assessment System: Briefly describe how Veterans access SSVF assistance (across all SSVF grantees) via the CoC’s coordinated assessment system (e.g., “All Veterans who present to the CoC coordinated assessment center are screened for their current situation, needs, and SSVF eligibility. Then....). If not yet fully developed, describe your plans and implementation timeframe. Specifically address:

- a) How Veterans who present for shelter are screened and diverted to SSVF homelessness prevention assistance when they have somewhere safe and appropriate to stay that night.
- b) How Veterans who become literally homeless are screened and triaged to SSVF rapid re-housing assistance as soon as possible once it is clear the Veteran is unable to resolve their homelessness without assistance.

All veterans identified by SSVF staff, FMCoC partners, and the 25 Cities coordinated assessment system through street outreach by referral or walk-in will be linked to services under SSVF when possible. Veterans who are not eligible are matched with community partners who can provide services. A referral package is created to each client providing a warm hand off to appropriate agency.

All veterans are screened, a VISPDAT is completed and data entered into the HMIS system as well as CAHM and PMCP. A case manager completes eligibility determination and intake is conducted within 24 hours of screening. We experience high number of walk in's and calls for information about services. Once the initial intake is completed, the Veteran and case manager meet again within 48 hours to collaboratively create a housing stability plan towards prevention goals or rapid re-housing the Veteran and family.

7. Long-Term System Improvements: Briefly describe how the CoC plans to utilize SSVF Priority 1 and all other SSVF funding over the next three years to foster long-term system improvements and optimization so that homelessness is prevented whenever possible and when it does occur, it is rare and brief. Specifically address areas for improvement related to:

- a) Further integrating SSVF assistance into the CoC's planning, oversight processes and coordinated assessment system.
- b) Ensuring comprehensive coordination with VA systems and other VA funded programs.
- c) Improving or establishing partnerships with community-based services and public/private housing providers.

The advisory committee will meet quarterly to review the community plan and make changes as needed. Special effort will be made to coordinate with Madera Housing Authority as they are often forgotten in the planning process. Every effort will be made to include all FMCoC partners in the community action plan review and implementation.

1. SSVF services will become a permanent agenda item for all FMCoC Executive meetings
2. SSVF updates and capacity building steps will be a permanent agenda item on monthly FMCoC general meeting
3. WestCare/San Joaquin Valley Veteran's employees will serve on the following committees: Point in Time Count; Rapid Results Committee; HMIS; Evaluation Committee; Coordinated Assessment and Outreach Committee
4. Improving and expand the number of housing providers who are willing to work with the homeless. This will be done through the Housing Locator who will match individuals to appropriate housing.
5. The Housing Locator position will create informational material for landlords and property owners, develop relationships that will facilitate rapid placement for the chronically homeless and offer supportive services to the landlords should problems arise.
6. Actively participate in all Homeless Connect and PIT events
7. Continue hosting FMCoC meetings at the WestCare.
8. Continue to sponsor the Male and Female Veteran Stand Down.
9. In collaboration with the FMCoC an annual recognition event will be initiated to honor businesses, property management firms, landlords, and others to contribute to our mission to eradicate homelessness by 2016. At this time will also recognize success stories and positive outcomes.
10. Use HMIS and PMCP data more effectively; share data with community partners and use it to drive performance improvement planning.
11. HMIS manager will conduct train the trainer on the HMIS data collection system.

8. Other Strengths and Challenges: Briefly describe any additional strengths and/or challenges relevant to your achieving VA and local goals.

Our strengths will help us overcome the challenges we face in serving the chronically homeless.

- We have over 15 years of experience in working with veterans and their families.
- We understand the military culture and their special needs.
- We have the skills and empathy necessary to find and engage the veteran who may not be ready to come in from the cold.
- FMCoC members have built an effective network; strengthened existing linkages, improved communication and leveraged resources in a large geographic area. Through these efforts we have avoided duplication of services and increased efficiency and effectiveness in all that we do.
- We will continue to expand our network of community partners through Homeless Connect, FMCoC meetings, the 25 Cities Campaign and other homeless projects managed by WestCare.
- Fresno and Madera Counties are comprised of many small rural towns with minimal services. We have very few big cities and gathering places for the chronically homeless including veterans, we have harvested *the easy to find* and we must reach deeper into the outlying areas. This will be one of our biggest challenges
- We lack adequate housing, training and services for sex offenders
- We need to develop additional transportation for individuals lacking access to public transportation.
- We lack housing services for male veterans who are the primary caregiver for their children; (GPD for men and children).
- The SJVV web site and social media site needs dedicated staff to maintain the sites.